To:94657759

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Farm approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandstory under P.L. 88-257, as emended. Follow to comply may result in orbifinal prosecution, finally or old/ pagettee as provided by 29 U.S.C. 438 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 1 10295	2, Flace) Year Covered From:
	2004 Through: 123/133/2004
l. Name and address of person filing,	4, Name, file number, and address of labor organization.
Name Gary J Allen	Name Prunders & Steamfithers Local
,	Labor Organization File Number 540-854
P.O. Box, Bklg., Room No., If any	P.O. Box, Building and Room Number, I any
Street 2170 Cumberdand III	Street 2.700-North Trusperson
Cmy Green Bay	Cny Kaukauwa
State Wisconsian ZIP Code + 4 54311	State W15Conwin 2P Code+4 34130
i. Position in labor organization BUSTNESS Manager	Retized IXIV2005)
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(except as specified in the exclusion.)  A. Haid an inverest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name PARCHADI COLLEGE COLLEGES ASSOCIATED	alone set forth in the instructions):  derived income or other economic benefit of on represents or le scrively sucking to represent.  7.8. Nature of interest, Transactor, or income.  Chin I Sumas Path V. Zuperple 150 D. Anin Ball Good Folk Tring.  Anin Ball Good Folk Tring.  7.b. Amount.  Perjury and other applicable panalisa of the law, that all of the informationing documents), has been examinated by the alignatory and is, to the best of the

Name of Person Filing Gary J. Allen	File Yumber U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, belling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is activally seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization is which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  Biste	8 Businese deata with:  a. Labor Organization  b. Trust  c. Employer			
10, if 9.b. or 9.a, is checked give trust or employer's name.  Name  Trade Name, Fany:  P.O. Box, Bidg., Room No., if any  Street  State  ZIP Code + 4	11.a. Nature of such dealing  11.b. Approximate deliar value of such dealing  12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant  14.a. Nature of payment.				
(Including trade name, if any)  Name Pippo Frabilication Ids. Euch	3 conference meetings which included present the second conference meetings which			
P.O. Box, Bidg., Room No., If any PMB 721  Street 61 Pennsylvania Ave. BB  Chy Washington, Prc.  State District of Colleges 4 20008				
13.b. is the Business an Employer or Consultant 7	14 b. Amount of payment,			

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